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Efficacy and safety of tepotinib in patients (pts) with advanced age: VISION subgroup analysis of pts with MET exon 14 (METex14) skipping NSCLC

M.C.C. Garassino[1], E. Felip[2], H. Sakai[3], X. Le[4], R. Veillon[5], E.F.F. Smit[6], J. Mazieres[7], A.B. Cortot[8], J. Raskin[9], M. Thomas[10], S. Viteri[11], W.T. Iams[12], H.R. Kim[13], J. Yang[14], K. Berghoff[15], R. Bruns[16], G. Otto[17], P.K. Paik[18]

[1] Department of Medical Oncology, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy; Department of Medicine, Section of Hematology/Oncology, Knapp Center for Biomedical Discovery, The University of Chicago, Chicago, IL, USA, [2] Department of Oncology, Vall d'Hebron Institute of Oncology (VHIO), Barcelona, Spain, [3] Department of Thoracic Oncology, Ageo Central General Hospital, Ageo, Japan, [4] Department of Thoracic Head and Neck Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA, [5] CHU Bordeaux, Service des Maladies Respiratoires, Bordeaux, France, [6] Department of Thoracic Oncology, Netherlands Cancer Institute, Amsterdam, Netherlands, [7] CHU de Toulouse, Institut Universitaire du Cancer, Toulouse, France, [8] Univ. Lille, CHU Lille, CNRS, Inserm, Institut Pasteur de Lille, UMR9020 – UMR-S 1277 - Canther, F- Lille, France, [9] Department of Pulmonology and Thoracic Oncology, Antwerp University Hospital (UZA), Edegem, Belgium, [10] Thoraxklinik, University Heidelberg and Translational Lung Research Center Heidelberg (TLRC-H), The German Center for Lung Research (DZL), Heidelberg, Germany, [11] Dr Rosell Oncology Institute, Dexeus University Hospital, Quironsalud Group, Barcelona, Spain, [12] Division of Hematology/Oncology, Department of Medicine, Vanderbilt University Medical Center, Nashville, TN, USA, [13] Yonsei Cancer Center, Yonsei University College of Medicine, Seoul, Republic of Korea, [14] Department of Oncology, Guangdong Lung Cancer Institute, Guangdong General Hospital and Guangdong Academy of Medical Sciences, Guangzhou, China, [15] Global Patient Safety, Merck KGaA, Darmstadt, Germany, [16] Department of Biostatistics, Merck KGaA, Darmstadt, Germany, [17] Global Clinical Development, Merck KGaA, Darmstadt, Germany[18] Thoracic Oncology Service, Memorial Sloan-Kettering Cancer Center, New York, NY, USA; Weill Cornell Medical College, New York, NY, USA

Background

The pt population defined by *MET*ex14 skipping is typically elderly, and may be challenging to treat due to comorbidities. In the VISION study (median age 73.1 years [yr; range 41–94]), the selective MET inhibitor tepotinib had an objective response rate of 44.7%, and median duration of response of 11.1 months. We investigated outcomes according to age.

Methods

Pts with advanced *MET*ex14 skipping NSCLC received 500 mg (450 mg active moiety) tepotinib orally once daily. All pts who received tepotinib in Cohorts A (primary analysis) and C (confirmatory) were assessed for safety; pts in Cohort A were assessed for efficacy. Primary endpoint was objective response by independent review committee. Secondary endpoints included duration of response, and safety. Subgroup analysis according to age was predefined.

Results

A total of 152 pts were enrolled in Cohort A. Baseline characteristics were similar in pts <75/≥75 yr (n=84/68): 52.4/51.5% were male, 60.7/41.2% had a history of smoking, 70.2/76.5% had ECOG PS 1, 89.3/82.4% had adenocarcinoma histology, and 44.0/47.1% were treatment-naïve. Efficacy in pts <75 or ≥75 yr is shown (Table). Of 124 patients who discontinued tepotinib, 47 received subsequent treatments; the majority were <75 yr (n=36; 76.6%). A total of 255 pts were assessed for safety. In pts <75/≥75 yr (n=146/109), treatment-related adverse events (TRAEs) occurred in 87.7/84.4%, Grade ≥3 TRAEs occurred in 18.5/33.9%, and TRAEs led to discontinuation in 7.5/14.7%. The most common TRAE, peripheral edema, occurred in 56.2% of pts <75, and 51.4% of pts ≥75 yr.Table: 1254P

Efficacy (IRC)	Patients <75 years (n=84)	Patients ≥75 years (n=68)
Best objective response, n (%)		
Complete response	0	0
Partial response	41 (48.8)	27 (39.7)
Stable disease	19 (22.6)	20 (29.4)
Progressive disease	17 (20.2)	9 (13.2)
Not evaluable	7 (8.3)	12 (17.6)
Objective response rate, % (95% CI)	48.8 (37.7, 60.0)	39.7 (28.0, 52.3)
Disease control rate, % (95% CI)	71.4 (60.5, 80.8)	69.1 (56.7, 79.8)

Efficacy (IRC)	Patients <75 years (n=84)	Patients ≥75 years (n=68)
Median duration of response, months (95% CI)	12.4 (8.4, not estimable)	10.1 (5.8, 18.5)
Median progression-free survival, months (95% CI)	10.3 (8.2, 12.1)	8.6 (6.9, 12.4)

Data cut-off: July 1, 2020.CI, confidence interval; IRC, independent review committee.

Conclusions

Tepotinib demonstrated robust and durable efficacy in elderly pts, with a manageable safety profile, and a low proportion of TRAEs leading to discontinuation. Given the vulnerability of pts of advanced age, prioritization of effective and convenient targeted therapies in this population is warranted.

Clinical trial identification

NCT02864992.

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Legal entity responsible for the study

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Veillon: Financial Interests, Personal, Advisory Role: MSD; Financial Interests, Personal, Advisory Role: Pfizer; Financial Interests, Personal, Advisory Role: Novartis; Financial Interests, Personal, Speaker's Bureau: MSD; Financial Interests, Personal, Speaker's Bureau: BMS; Financial Interests, Personal, Speaker's Bureau: Roche; Financial Interests, Personal, Funding, for Research: Roche; Financial Interests, Personal, Funding, for Research: Takeda; Financial Interests, Personal, Funding, for Research: AbbVie; Financial Interests, Personal, Funding, for Research: Merck; Financial Interests, Personal, Funding, for Research: BMS. E.F.F. 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J. Mazieres: Financial Interests, Personal, Advisory Board: Roche; Financial Interests, Personal, Advisory Board: BMS; Financial Interests, Personal, Advisory Board: MSD; Financial Interests, Personal, Advisory Board: AstraZeneca; Financial Interests, Personal, Advisory Board: Pfizer; Financial Interests, Personal, Advisory Board: Novartis. A.B. Cortot: Financial Interests, Personal, Funding, for Research: Merck KGaA; Financial Interests, Personal, Funding, for Research: Novartis; Financial Interests, Personal, Other, Honoraria: AstraZeneca; Financial Interests, Personal, Other, Honoraria: BMS; Financial Interests, Personal, Other, Honoraria: Novartis; Financial Interests, Personal, Other, Honoraria: MSD; Financial Interests, Personal, Other, Honoraria: Pfizer; Financial Interests, Personal, Other, Honoraria: Roche; Financial Interests, Personal, Other, Honoraria: Takeda; Financial Interests, Personal, Advisory Role: AstraZeneca; Financial Interests, Personal, Advisory Role: BMS; Financial Interests, Personal, Advisory Role: Novartis; Financial Interests, Personal, Advisory Role: Pfizer; Financial Interests, Personal, Advisory Role: Roche; Financial Interests, Personal, Advisory Role: Takeda; Financial Interests, Personal, Other, Travel expenses: AstraZeneca; Financial Interests, Personal, Other, Travel expenses: MSD; Financial Interests, Personal, Other, Travel expenses: Novartis; Financial Interests, Personal, Other, Travel expenses: Pfizer; Financial Interests, Personal, Other, Travel expenses: Roche; Financial Interests, Personal, Other, Travel expenses: Takeda. 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